Name in Full

Certificate of Death

Not Named, Aldridge

Town

Died at Denwood

County

Carroll

MARYLAND

Date 189 9	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Dec	29		—	—	5	Maryland	—

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living —

Husband / Wife of —

Infant

Father's Name William H. Aldridge

Mother's Name Carrie Phillips

Cause of Death — Primary: Do not know 161 — How long sick: One day

Immediate: Died not sick

Accident, Suicide, Homicide

Reported by L A Aldridge Physician

Address Postal Wagon R. Carrier No 7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Name in Full

Certificate of Death

Perry G Barnes

Died at Town: Bird Hill County: Cecil MARYLAND

Date 1899 Month: Dec Day: 5

Age Y. 77 M. 6 D. —

Native of Md

Occupation Farmer

Male ~~Female~~ White Colored ~~Single~~ Married ~~Widow~~ Widower Divorced ~~Number of children~~ living 2

~~Wife~~ Husband of Elizabeth Shipley

Father's Name

Mother's Name

Cause of Death: Primary — Heart failure — How long sick 1 hour

Immediate

15-5-6

Accident, Suicide, Homicide

Reported by Frank C Shaver Undertaker

Address Wertsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Rhoda Buffington

Certificate of Death

Town: Union Bridge County: Carroll

Died at Union Bridge Carroll MARYLAND

Date 189[illegible] Month: 12 Day: 6 | Age Y. 24 M. 6 D. | Native of Union Bridge | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

Husband / Wife of Oscar Buffington

Father's Name H. Shriver | Mother's Name Ella Shriver

Cause of Death: Primary Peritonitis. 93 | How long sick 3 weeks

Immediate | Accident, Suicide, Homicide

Reported by H. M. Brown

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85568

01/01/12/17

Name in Full #5836 Mary A. Tarr

Certificate of Death

Town Laurel County

Died at MARYLAND

Date 189 Month Dec. Day 21 | Age Y. 65 M. 1 D. — | Native of N. Carolina | Occupation Nurse

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ widow ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife

Father's Name —

Mother's Name —

Cause of Death: Primary Cardiac Asthma 57

Immediate Asthma

How long sick Nov. 12nd 1899

~~Accident, Suicide, Homicide~~

Reported by Dr. T. Dr. Kirwan

Address Visiting [redacted] to St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Nora Foy

Certificate of Death

Died at Town Double Pipe Creek County Carroll MARYLAND

Date 189 9 Month Dec. Day 18 | Age Y. 10 M. 1 D. | Native of Md. | Occupation Infant

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of —

Father's Name Granville S. Foy

Mother's Name Etta Albaugh

Cause of Death — Primary: Teething. Cong. of brain — How long sick 3

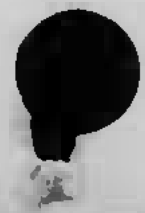
Immediate: Convulsions 49 — Accident, Suicide, Homicide

Reported by C. N. Diller

Address D. P. Creek Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full Jno. Fredericks

Certificate of Death

Died at Town Hyatt County Carroll MARYLAND

Date 189 9 Month 12. Day 20 | Age Y. abnk M. 70 D. 7ms | Native of Germany | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living two

Husband ~~Wife~~ of Harriet Fredericks

Father's Name ——— | Mother's Name ———

Cause of Death — Primary Cerebro hpheritis 96 | How long sick 2 weeks

Immediate Uraemic Poisoning | Accident, Suicide, Homicide

Reported by W. E. Bell

Address Hyattstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name In Full

Certificate of Death

Mrs. Mabel Garr

Died at Lineord, Town Carroll County MARYLAND

Date 1899 Month 12 Day 6 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Consumption — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 12/6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full Laura Haines

Certificate of Death

Died at Town Linwood County Carroll MARYLAND

Date 189 Month 9 Day 12 17

Age Y. 28 M. about D.

Native of Carroll

Occupation

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Jos L Haines

Mother's Name

Cause of Death — Primary 220

Immediate Consumption

How long sick

~~Accident, Suicide, Homicide~~

Reported by Chas P. Bare Undertaker

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. John A. Buffington

of New Windsor Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full — Certificate of Death

Robert Hunter

Died at Town: near Westminster — County: Carroll — MARYLAND

Date 189 9 Dec 7. | Age Y. 16 M. 7 D. — | Native of Md | Occupetion —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living —

Husband / Wife of — — — —

Father's Name Robert Hunter — Mother's Name Elizabeth Davis

Cause of Death — Primary: Consumption — How long sick: 22a — Immediete — Accident, Suicide, Homicide

Reported by Frank C Shamer Undertaker

Address Westminster Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78708

Name in Full — Certificate of Death

Armon Miller

Died at Town: Marston — County: Carroll — MARYLAND

Date 1899 Month: 12 Day: 13 | Age Y.: 86 M.: 6 D.: 17 | Native of Carroll Co | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living five

Husband of Wife: Lydia A Miller

Father's Name — Mother's Name

Cause of Death: Primary — 141 — How long sick 6 years

Immediate: General debility — ~~Accident, Suicide, Homicide~~

Reported by Edward B Rice Undertaker

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Ben Franklin

of Marsden

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

William H. Pickett

Died at Town: Winfield County: Carroll MARYLAND

Date 1899 Month: Dec Day: 26 | Age Y. 49 M. 5 D. 17 | Native of Maryland | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of Ann L. Haines

Father's Name John T. Haines | Mother's Name Mary J Heines

Cause of Death: Primary Neck Broken | How long sick Immediately

Immediate ——— 1522 | Accident, ~~Suicide, Homicide~~

Reported by L A. Allnutt M D

Address Portal Wayne A Carrier No 7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7970R

Name in Full — Certificate of Death

Graham Pugh

Died at Town: Gamber, County: Carroll, MARYLAND

Date 1899 Month: Dec Day: 4 | Age Y. 93 M. 9 D. — | Native of: Md | Occupation: Farmer

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widower / ~~Widow~~ / ~~Divorced~~ | Number of children living: 7

~~Wife~~ Husband of Honora Bennett

Father's Name: Fredrick Pugh | Mother's Name: ———

Cause of Death — Primary: General Debility — How long sick: ———

Immediate: 141 — Accident, Suicide, Homicide

Reported by: Frank C Shaver Undertaker

Address: Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. M.D.

LIBRARY BUREAU, 76706

Name in Full

Certificate of Death

Isaac Repp

Died at Town near Westminster County Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 9	12	Age				

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

		How long sick
Cause of Death	Primary 161	
	Immediate	Accident, Suicide, Homicide

Reported by American Sentinel 12-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name In Full

Chas. Ridgely

Certificate of Death

Died at Town: Ridgeville County: Carroll MARYLAND

Date 1899 Month: 12 Day: 1 Age Y. M. D. Native of Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~of~~

~~Wife~~

Father's Name

Mother's Name 22a

Cause of Death — Primary

Immediate Consumption

How long sick 3 mo

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by B W Bowman Undertaker

Address Poplar Spge. Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate r...

Certified _____

of _____

Name in Full

Certificate of Death

Joel Roop

Died at Town: New Windsor County: Carroll MARYLAND

Date 1899 Month: 12 Day: 29 | Age Y.: 75 M.: 0 D.: 24 | Native of: Maryland | Occupation: Retired

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | ~~Number of~~ children living 7

Husband of Wife: Julia Roop

Father's Name:

Mother's Name:

Cause of Death: Primary 57 | How long sick: 20 Minutes

Immediate: Heart - Disease | ~~Accident, Suicide, Homicide~~

Reported by: Thos. P. Bair Undertaker

Address: New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Geo H Brown

of New Windsor Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full — Certificate of Death

Elizabeth Rothel ✓

Died at Town: Westminster — County: Carroll — MARYLAND

Date 189 9 Dec 24 — Age Y. 67 M. — D. — — Native of Md — Occupation —

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living 2

~~Husband~~ / Wife of Thomas Rothel 259

Father's Name Charles C Sears — Mother's Name Julia M. Sanders

Cause of Death — Primary: Cancerous affection — How long sick: 6 months

Immediate: Heart failure

OVER

Accident, Suicide, Homicide

Reported by Frank C Shaner

Address Westminster Md — Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Mrs J L Summerway

Died at Middleburg Town, Carroll County, MARYLAND

Date 189 9 Month 12 Day 1 | Age Y. 65 M. 6 D. | Native of Frederick Co | Occupation —

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of John Summerway

Father's Name Geo Howard | Mother's Name Mary Howard

Cause of Death: Primary Heart Hypertrophy 5-7 | How long sick 3 yrs.

Immediate | Accident, Suicide, Homicide

Reported by J. D. Brown M.D.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65676

Name in Full

Certificate of Death

Edna Estella Shipley

Died at Town: Patapsico County: Carroll MARYLAND

Date 189 9 Month: 12 Day: 14 | Age Y. 1 M. 11 D. 5 | Native of Ind | Occupation —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife —

Father's Name Walter Shipley

Mother's Name Stella Weadenay

Cause of Death: Primary —; Immediate Diphtheria

8a

How long sick 2 days

~~Accident~~, Suicide, ~~Homicide~~

Reported by Dr. Jesse Wilson

Address Finksburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Francis Joseph Stubel

Died at Town: Union Mills County: Carroll MARYLAND

Date 1891 Month: 12 Day: 6 | Age Y.: 25 M.: 8 D.: 7 | Native of: Maryland | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living One

Husband ~~Wife~~ of Celia Matthias

Father's Name George Henry Stubel | Mother's Name Lucretia Stubel

Cause of Death: Primary 22a How long sick

Immediate Pulmonary Tuberculosis | Accident, Suicide, Homicide

Reported by Joseph J. Stewart M.D.

Address Union Mills Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75706

Name In Full — Not Named Wilson. — Certificate of Death

Died at — Town: Parkhill — County: Carroll — MARYLAND

Date 189[illegible] — Month: Dec — Day: 28 — Age: Y. 7 M. D. — Native of: Maryland — Occupation: —

[illegible] — White — ~~Married~~ — Widow — Divorced

Female — ~~Colored~~ — ~~Single~~ — Widower — Number of children living

Husband of Wife

Father's Name: Charles Wilson — Mother's Name: Frances Wilson

Cause of Death — Primary: 24 — How long sick

Immediate: Congestion of Lungs

Accident, Suicide, Homicide

Reported by: G. R. Thorsell

Address: Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Asilee Wilson

Town

Westminster

County

Carroll

Died at

MARYLAND

Date 189?	Month: Dec	Day: 18	Age: Y. 2	M. 2	D. 0	Netive of: Md	Occupation:

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Joseph P. Wilson

Mother's Name: Susie Samuels

Cause of Death — Primary: Whooping Cough

How long sick: 3 weeks

Immediate: Pneumonia

~~Accident, Suicide, Homicide~~

Reported by: Chas R. Foutz M.D.

Address: Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name in Full James Stanley Zeltz

Certificate of Death

Died at Town East View County Carroll MARYLAND

Date 189 Dec Month 12th Day | Age Y. — M. 5 D. — | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Howard Zeltz

Mother's Name Alverda Gore

Cause of Death: Primary Pneumonia 72 — How long sick 2 days

Immediate — Accident, Suicide, Homicide

Reported by Frank C Shamer Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706